## 97-06-0 4 PART B - FEE(S) TRANSMITTAL

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JUL 0 3 **2004** 

04/02/2004

Arnold S. Weintraub The Weintraub Group 32000 Northwestern Highway Suite 240 Farmington Hills, MI 48334

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| (Depositor's name | Marie M. DeWitt |
|-------------------|-----------------|
| (Signature)       | mil             |
| (Date             | July 2, 2004    |
|                   |                 |

| APPLICATION NO.   | FILING DATE                    | FIRST NAMED INVENTOR Othell Bickerstaff |           |   | ATTORNEY DOCKET NO.  | CONFIRMATION NO. |
|---|--------------------------------|---|-----------|---|----------------------|------------------|
| 09/512,434  | 02/25/2000                     |   |           |   | BOT-140-A            | 7129             |
| TITLE OF INVENTION: M   | ETHOD FOR SHRINKWR             | APPING                                  |           |   |                      | • • •            |
|   |                                |   |           |   |                      |                  |
| APPLN. TYPE   | SMALL ENTITY                   | ISSUE FEE PUBLICATION FEE               |           | TOTAL FEE(S) DUE  | DATE DUE             |                  |
| nonprovisional  | YES                            | \$665                                   |           | \$0   | \$665                | 07/02/2004       |
| EXAMINER  |                                | ART UN                                  | IT        | CLASS-SUBCLASS  | ]                    | •                |
| TENTONI, LEO B  |                                | 1732                                    |           | 264-230000  | _                    |                  |
| . Change of correspondenc<br>CFR 1.363).  | e address or indication of "Fe | ee Address" (37                         | names of  | nting on the patent front page<br>up to 3 registered patent             | attorneys or 1/10 We | intraub Grou     |
| ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  |                                |   | firm (hav | R, alternatively, (2) the name  | l attorney or 2      |                  |
| ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. |                                |   |           | d the names of up to 2 regis<br>or agents. If no name is list<br>inted. |                      |                  |

| PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.   | attorneys or agents.<br>will be printed.  | If no name is l                     | isted, no name      | 3  |                |  |  |  |  |  |
|--|---|-------------------------------------|---------------------|--|----------------|--|--|--|--|--|
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PLEASE NOTE: Unless an assignee is identified below, no assignee dat been previously submitted to the USPTO or is being submitted under sepa (A) NAME OF ASSIGNEE  (B)  | a will appear on the pa   | atent. Inclusion<br>of this form is | NOT a substitute    | s only appropriate when an for filing an assignment. | assignment has |  |  |  |  |  |
| Please check the appropriate assignee category or categories (will not be prin   | •   | ☐ individual                        | ☐ corporation or    | other private group entity                           | ☐ government   |  |  |  |  |  |
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